Lecture 6: Place, Space, and Mental Health

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Recall: Mental Health

- "Mental health" a more expansive concept than the absence of a diagnosable disorder. What might good mental health entail?
  - Feeling good and functioning well, which is inherently social.

- Much research suggests that social support acts as a protective factor for mental health. How?
  - When a person's community or social network offers instrumental or expressive support.

- While the first few lectures concentrated on the growth of the psy-disciplines and psy-knowledge, the next few lectures are interested in the social determinants of mental health.

Social Determinants of Health

- From the WHO, social determinants are the "conditions in which people are born, grow, live, work, and age…shaped by the distribution of money, power, and resources."
  - Examples?
  - Responsible for producing great health inequities, including those related to mental health and illness.

Social gradient in health
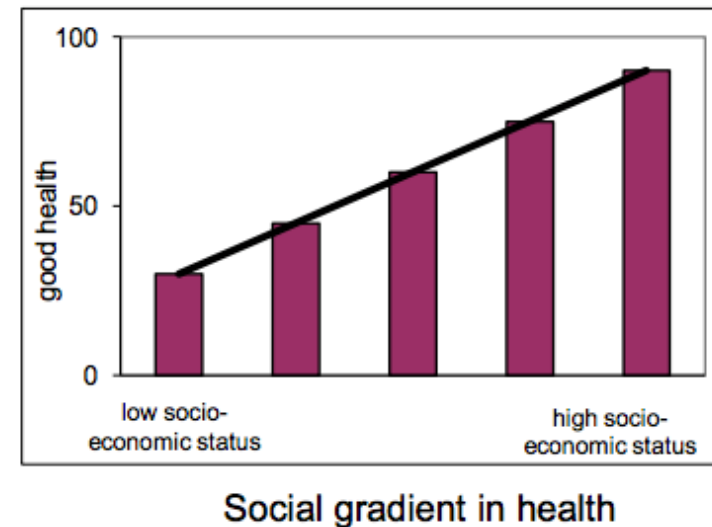
Space, Place, and Mental Health

- A key debate centres on relative role of intrinsic and extrinsic factors in shaping mental health.
  - This week's lecture looks at space and place to explore how the social environment may help to structure one's mental health.

- Space versus place.
  - May not have clear boundaries (e.g. "the neighbourhood").
  - Particularly important when thinking beyond strict notion of mental health as an individual concern.

Halpern's Housing Estate Study (1995)

- From suspiciousness, isolation, depression, and anxiety to high trust, optimism, hope for future, and neighbourhood pride.

- At the same time, diagnosable disorders (e.g. depression and anxiety) both dropped. How did this happen?

- Demonstrates that our mental health is contingent, in part, on the space and place we inhabit.
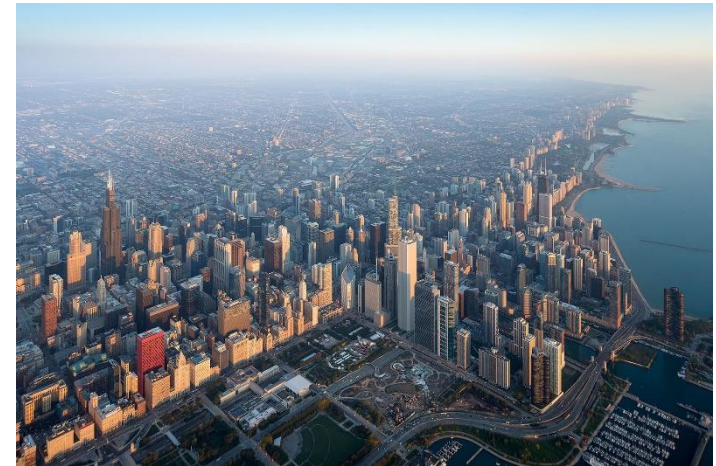
(Sub)Urban Environments

- 19th and 20th c. urbanization led to drastic changes in society:
  - Pop. density.
  - Economic stratification.
  - Development of "social problems."
  - Rise of "concrete jungles."
- Mid-late 20th c. saw a shift towards suburbanization as response to the "problems" of urbanization.
- These shifts have reverberated through mental health world.

Economic Stratification

- Class impacts mental health both acutely and chronically. How?

- Inversely related to rates of almost every type of major mental disorder, with only a few exceptions.

- E.g. early studies on schizophrenia and Chicago.

Social Causation - Neighbourhoods

- Why might the urban environment itself be a source of poor mental health?
  - Perceived *disorder* in one's surroundings may increase feelings of powerlessness and unpredictability, space for more substance use.
  - Instability of residents (rather than homeowners) might limit community and social ties. What impact?
  - Increased hazards (e.g. traffic) may increase people's subjective sense of stress.

Social Causation - Violence

- Among the key drivers of poor mental health in urban environments is violence (and the fear of it).

- How true is that mentally ill individuals are more likely to commit violent acts?

  – Actually more likely than non-diagnosed population to be on the receiving end of violence.

  – Increased likelihood limited to those diagnosed w/very few "high risk" disorders.

- Yet even that finding is perhaps more complicated…

Social Causation – Violence II

- Is it the mental disorder that causes the person to act or could it be that the person's social environment causes BOTH the illness and the violence?
    - Economic hardship and a lack of feeling in control linked to interpersonal violence generally speaking.
    - Stress increases aggression and anger, which are precursors to violence.
    - Violence may be an attempt to resolve issues when an individual is otherwise powerless.
- When individuals enjoy strong social support and less economic hardship/stress, they are not significantly more likely than the rest of population to commit violence, even when diagnosed with "high risk" disorders.
- Thus, social situation, rather than the illness, seems to often be the driver.

Social Causation - Sprawl

- The suburbs themselves work to shape people's mental health. How?
  - More greenery, less noise, and closer proximity to nature may be beneficial.
- Yet they've also brought certain challenges to mental health. How so?
  - More commuting.
  - Less walking, including social impacts.
  - Depression may be higher for *some* people in particularly affluent areas. Ideas?
- The drive towards suburbanization has also impacted urban areas.
  - Jobs, schools, stores migrate to suburbs, leaving behind greater poverty, violence, and deprivation – all associated with poorer mental health.

Social Causation - Housing

- Beyond place, physical space also matters for mental health, with the quality and type of housing provoking different effects. Some examples:
  - Upper floors of high rises are associated w/ greater neuroticism and social isolation. Why?
  - Poorer housing associated with greater social stigma, negative self-evaluation.
  - Crowded housing increases interpersonal conflict.

Homelessness and Homefulness

- The very question of having a home (or not) has a significant bearing on mental health.
- One commonly known fact is that individuals w/ major psych disorders have a far greater likelihood of homelessness than the general population.
  - Traditionally, explained as a result of two things: (1) the illness itself makes the person less able to maintain housing, and (2) deinstitutionalization.
  - A third possibility: mental health troubles themselves may be products of homelessness and the broader decimation of social services provisions.
- Many homeless individuals who are mentally ill cycle through the "institutional circuit."

- Shelter not enough, however! Housing provides shelter from the elements, but a "home" provides psychological benefits. How?
  - Sense of security.
  - Being able to shape the material environment provides for identity development, control over one's destiny.

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Against Social Causation?

- Not all scholars agree that mental health problems are caused by the social environment. Some favour the concept of *social drift*.

    - Socio-economic class as a result of mental disorder, not the cause of mental disorder.

- Others argue that the rates of mental illness are not higher in urban settings, but rather people in the city are simply more likely to be identified as mentally ill.

Nature

- Some researchers argue that elevated rates of mental distress relate to a disconnect from nature. How so?

- Nature captures our attention without significant mental effort.

- The city requires dramatic and constant attention.

- These researchers suggest that nature allows people's mental energy to replenish, improving cognitive functioning and emotional wellbeing. Why?

  - Perhaps nature inherently pleasing b/c we're evolutionary programmed to be drawn to trees (shelter, food) and water (sustenance).

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Greenspace

- Nature is different than greenspace (which is manufactured), but greenspace seems to provide its own set of benefits related to mental health.

- Benefits?
  - More social engagement, integration, participation.
  - Increased physical activity.

- Yet if greenspace is inaccessible or "dangerous" – benefits mitigated. It's not simply that greenspace is green, but rather the ways in which we may use it.
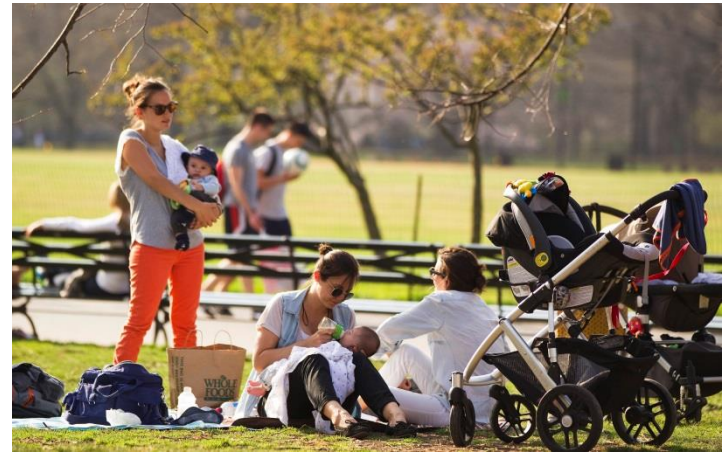
Conclusions

- Mental health conceived as more than merely the absence of mental disorder. Relates to happiness, a sense of control, a feeling of belonging, social connection, and having purpose in one's life.

- Social determinants have tremendous importance in shaping mental health outcomes.

- When it comes to space and place, it is not merely the "mentally ill" who are affected.

- Place and space force us to further rethink individualistic conceptions of mental health.